

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

STRICKLAND FOR CONGRESS

ADDRESS (number and street)  
▼

PO BOX 630446

Check if different  
than previously  
reported. (ACC)

SIMI VALLEY

CA

93063

2. FEC IDENTIFICATION NUMBER ▼

C

C00543165

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

CA

25

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer BRADLEY CRATE

Signature of Treasurer

BRADLEY CRATE

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

**STRICKLAND FOR CONGRESS**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	3

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	39755.00	471143.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	39755.00	471143.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	22532.96	80767.58
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	22532.96	80767.58
8. Cash on Hand at Close of Reporting Period (from Line 27).....	418271.55	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

**STRICKLAND FOR CONGRESS**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	3

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:**

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

36100.00

401075.00

(ii) Unitemized.....

155.00

8318.00

(iii) TOTAL of contributions from individuals ▶

36255.00

409393.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

3500.00

61750.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

39755.00

471143.00

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

27896.13

**13. LOANS:**

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

39755.00

499039.13

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 27

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	22532.96	80767.58
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	22532.96	80767.58

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	401049.51
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	39755.00
25. SUBTOTAL (add Line 23 and Line 24).....	440804.51
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	22532.96
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	418271.55

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 27

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

STRICKLAND FOR CONGRESS

Full Name (Last, First, Middle Initial)

DANA ANDERSON

A.

Mailing Address 401 WILSHIRE BLVD. STE. 700

City

SANTA MONICA

State

CA

Zip Code

90401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THE MACERICH COMPANY

Occupation

VICE CHAIRMAN

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2013

Transaction ID : SA11AI.4945

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

KEVIN H BAINES

B.

Mailing Address 457 SOUTH MARENGO AVE

City

PASADENA

State

CA

Zip Code

91011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CAL TECH

Occupation

RESEARCH SCIENTIST

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2013

Transaction ID : SA11AI.4877

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

KEVIN H BAINES

C.

Mailing Address 457 SOUTH MARENGO AVE

City

PASADENA

State

CA

Zip Code

91011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CAL TECH

Occupation

RESEARCH SCIENTIST

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2013

Transaction ID : SA11AI.4954

Amount of Each Receipt this Period

-1000.00

REDESIGNATE: TO GENERAL

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3100.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>KEVIN H BAINES</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 04 / 2013
Mailing Address 457 SOUTH MARENGO AVE		<b>Transaction ID : SA11AI.4955</b>  Amount of Each Receipt this Period 1000.00 REDESIGNATE: FROM PRIMARY <b>[MEMO ITEM]</b>
City PASADENA	State CA Zip Code 91011	
FEC ID number of contributing federal political committee. C		
Name of Employer CAL TECH	Occupation RESEARCH SCIENTIST	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>B.</b> Full Name (Last, First, Middle Initial) <b>SCOTT BARLOW</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 05 / 2013
Mailing Address 30699 RUSSELL RANCH ROAD SUITE 250		<b>Transaction ID : SA11AI.4927</b>  Amount of Each Receipt this Period 1000.00
City WESTLAKE VILLAGE	State CA Zip Code 91362	
FEC ID number of contributing federal political committee. C		
Name of Employer VALUECLICK	Occupation VICE PRESIDENT	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) <b>PAUL L DAVIES</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 23 / 2013
Mailing Address 3697 MT. DIABLO BLVD. SUITE 205		<b>Transaction ID : SA11AI.4947</b>  Amount of Each Receipt this Period 1000.00
City LAFAYETTE	State CA Zip Code 94549	
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<b>TOTAL</b> This Period (last page this line number only).....	

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

STRICKLAND FOR CONGRESS

Full Name (Last, First, Middle Initial)

MARSHALL EZRALOW

A.

Mailing Address 23622 CALABASAS ROAD

City

CALABASAS

State

CA

Zip Code

91302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THE EZRALOW COMPANY

Occupation

REAL ESTATE DEVELOPER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		08		2013

Transaction ID : SA11AI.4881

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

SOPHIE FARRELL

B.

Mailing Address 9110 HAPPY CAMP ROAD

City

MOORPARK

State

CA

Zip Code

93021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		10		2013

Transaction ID : SA11AI.4882

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

MICHAEL FLESCH

C.

Mailing Address 714 NORTH FOOTHILL ROAD

City

BEVERLY HILLS

State

CA

Zip Code

90210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

COMMUNITY ASSET MANAGEMENT

Occupation

BUSINESS EXECUTIVE

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		04		2013

Transaction ID : SA11AI.4879

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

1600.00

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**CHRIS GARCIA**

A.

Mailing Address 22631 PACIFIC COAST HWY #144

City

MALIBU

State

CA

Zip Code

90265

FEC ID number of contributing federal political committee.

C

Name of Employer

CHRIS GARCIA &amp; ASSOCIATES

Occupation

BUSINESSMAN

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2013

Transaction ID : SA11AI.4941

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**DOUGLAS GOLD**

B.

Mailing Address 15501 MORRISON STREET

City

SHERMAN OAKS

State

CA

Zip Code

91403

FEC ID number of contributing federal political committee.

C

Name of Employer

RICHARDSON &amp; PATEL LLP

Occupation

CHIEF OPERATING OFFICER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2013

Transaction ID : SA11AI.4888

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**SIDNEY M GREATHOUSE**

C.

Mailing Address 30360 EAGLEBROOK DRIVE

City

AGOURA HILLS

State

CA

Zip Code

91301

FEC ID number of contributing federal political committee.

C

Name of Employer

THE CHEESECAKE FACTORY

Occupation

ATTORNEY

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2013

Transaction ID : SA11AI.4943

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**VINCENT HULL****A.**

Mailing Address 30008 TRIUNFO DRIVE

City

AGOURA

State

CA

Zip Code

91301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HULL BROS ENTERPRISE

Occupation

PRESIDENT

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		20		2013

Transaction ID : SA11AI.4925

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**KENNETH HUNTER****B.**

Mailing Address 1621 REFUGIO RD.

City

SANTA YNEZ

State

CA

Zip Code

93460

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VAQUERO ENERGY INC.

Occupation

PRESIDENT

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		18		2013

Transaction ID : SA11AI.4901

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

**WILLIAM H HURT****C.**

Mailing Address 333 S HOPE STREET FL 54

City

LOS ANGELES

State

CA

Zip Code

90071

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CAPITAL GUARDIAN

Occupation

CHAIRMAN OF THE BOARD

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		05		2013

Transaction ID : SA11AI.4929

Amount of Each Receipt this Period

2600.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5450.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 27

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**GARY JENSEN**

**A.**

Mailing Address P.O. BOX 3528

City

CAMARILLO

State

CA

Zip Code

93011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FOX INSURANCE

Occupation  
PRESIDENT

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
10 03 2013

**Transaction ID : SA11AI.4876**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**STUART LIPSETT**

**B.**

Mailing Address 11201 SANTA FE AVENUE

City

LYNWOOD

State

CA

Zip Code

90262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BHL INDUSTRIES

Occupation  
CONTRACTOR

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M / D D / Y Y Y Y  
11 07 2013

**Transaction ID : SA11AI.4914**

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

**STUART LIPSETT**

**C.**

Mailing Address 11201 SANTA FE AVENUE

City

LYNWOOD

State

CA

Zip Code

90262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BHL INDUSTRIES

Occupation  
CONTRACTOR

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M / D D / Y Y Y Y  
11 07 2013

**Transaction ID : SA11AI.4915**

Amount of Each Receipt this Period

2600.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5700.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 11 OF 27

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**JAMES O LLOYD-BUTLER****A.**

Mailing Address P.O. BOX 4008

City

SATICOY

State

CA

Zip Code

93007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

FARMER

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2013

**Transaction ID : SA11AI.4891**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**NOAM LOTAN****B.**

Mailing Address 2211 VILLAGE 22

City

CAMARILLO

State

CA

Zip Code

93012

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RESONATE INDUSTRIES

Occupation

CEO

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2013

**Transaction ID : SA11AI.4893**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**AUDREY LOWMAN****C.**

Mailing Address 3431 LOMITA BOULEVARD

City

TORRANCE

State

CA

Zip Code

90505

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2013

**Transaction ID : SA11AI.4884**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional).....

1350.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 27

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

STRICKLAND FOR CONGRESS

Full Name (Last, First, Middle Initial)

ALEXANDER A MANOS

A.

Mailing Address 2075 CALLE YUCCA

City

THOUSAND OAKS

State

CA

Zip Code

91360

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COLDWELL BANKEROccupation  
REAL ESTATE BROKER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		18		2013

Transaction ID : SA11AI.4899

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

NANCY E MATT

B.

Mailing Address 1738 PIXTON ST.

City

LAKE SHERWOOD

State

CA

Zip Code

91361

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		05		2013

Transaction ID : SA11AI.4909

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

JOHN M MERLO

C.

Mailing Address 19867 PRAIRIE STREET

City

CHATSWORTH

State

CA

Zip Code

91311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PREMIER AMERICA CREDIT UNIONOccupation  
PRESIDENT

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		18		2013

Transaction ID : SA11AI.4895

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3350.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 13 OF 27

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

STRICKLAND FOR CONGRESS

Full Name (Last, First, Middle Initial)

MARSHALL MERRIFIELD

A.

Mailing Address 5191 SEAGROVE PLACE

City

SAN DIEGO

State

CA

Zip Code

92130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BLUEWAVE SECURITY

Occupation

EXECUTIVE

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		10		2013

Transaction ID : SA11AI.4919

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

HOWARD MURAD

B.

Mailing Address 535 OCEAN AVE.

City

SANTA MONICA

State

CA

Zip Code

90402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOWARD MURAD

Occupation

PHYSICIAN

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		18		2013

Transaction ID : SA11AI.4897

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

E. SCOTT PALMER

C.

Mailing Address 1136 LAVENDER LANE

City

LA CANADA

State

CA

Zip Code

91011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SCOTT H. PALMER P.C.

Occupation

ATTORNEY

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		18		2013

Transaction ID : SA11AI.4898

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional).....

3850.00

TOTAL This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 14 OF 27

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

STRICKLAND FOR CONGRESS

Full Name (Last, First, Middle Initial)

RICHARD J RIORDAN

A.

Mailing Address 10800 WILSHIRE BLVD. STE. 800

City

LOS ANGELES

State

CA

Zip Code

90024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		05		2013

Transaction ID : SA11AI.4911

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

RICHARD J RIORDAN

B.

Mailing Address 10800 WILSHIRE BLVD. STE. 800

City

LOS ANGELES

State

CA

Zip Code

90024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		05		2013

Transaction ID : SA11AI.4912

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

LARRY T SMITH

C.

Mailing Address 1601 DOVE STREET, SUITE 145

City

NEWPORT BEACH

State

CA

Zip Code

92660

FEC ID number of contributing  
federal political committee.

C

Name of Employer

M.H.I REAL COMPANY

Occupation

PRESIDENT

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2013

Transaction ID : SA11AI.4949

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

6200.00

TOTAL This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 27

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**W. ROBERT STOVER**

**A.**

Mailing Address 120 WILDWOOD GDNS

City

PIEDMONT

State

CA

Zip Code

94611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
12 05 2013

**Transaction ID : SA11AI.4931**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**DENNY WEINBERG**

**B.**

Mailing Address 2510 ALHAMBRA COURT

City

SANTA ROSA VALLEY

State

CA

Zip Code

93012

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DENNY WEINBERG

Occupation

CONSULTANT

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
10 21 2013

**Transaction ID : SA11AI.4905**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**RYAN S WETNIGHT**

**C.**

Mailing Address 3156 GRIFFON CT

City

SIMI VALLEY

State

CA

Zip Code

93065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RE/MAX INFINITY

Occupation

BROKER/OWNER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y  
12 05 2013

**Transaction ID : SA11AI.4933**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional).....

2250.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 27

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**ALAN WILLIAMS****A.**

Mailing Address 1816 ROCKING HORSE DRIVE

City

SIMI VALLEY

State

CA

Zip Code

93065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2013

**Transaction ID : SA11Al.4935**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

250.00

36100.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 OF 27

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**LOS ANGELES COUNTY LINCOLN CLUB**

Mailing Address 50 E FOOTHILL BOULEVARD

FLOOR 3

City	State	Zip Code
ARCADIA	CA	91006

FEC ID number of contributing federal political committee.

**C** C00248658

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2013

Transaction ID : SA11C.4958

Amount of Each Receipt this Period

3500.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3500.00

3500.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 27

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. PIRYX, INC.**Mailing Address 144 2ND STREET  
1ST FLOORCity State Zip Code  
SAN FRANCISCO CA 94105Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		02		2013

Amount of Each Disbursement this Period

28.75
-------

Transaction ID : SB17.4959

**B. PIRYX, INC.**Mailing Address 144 2ND STREET  
1ST FLOORCity State Zip Code  
SAN FRANCISCO CA 94105Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		03		2013

Amount of Each Disbursement this Period

11.50
-------

Transaction ID : SB17.4960

**C. PIRYX, INC.**Mailing Address 144 2ND STREET  
1ST FLOORCity State Zip Code  
SAN FRANCISCO CA 94105Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		08		2013

Amount of Each Disbursement this Period

161.00
--------

Transaction ID : SB17.4962

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

201.25

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 27

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. PIRYX, INC.**Mailing Address 144 2ND STREET  
1ST FLOORCity State Zip Code  
SAN FRANCISCO CA 94105Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		09		2013

Amount of Each Disbursement this Period

350.75
--------

Transaction ID : SB17.4963

**B. PIRYX, INC.**Mailing Address 144 2ND STREET  
1ST FLOORCity State Zip Code  
SAN FRANCISCO CA 94105Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		10		2013

Amount of Each Disbursement this Period

649.75
--------

Transaction ID : SB17.4964

**C. PIRYX, INC.**Mailing Address 144 2ND STREET  
1ST FLOORCity State Zip Code  
SAN FRANCISCO CA 94105Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		11		2013

Amount of Each Disbursement this Period

57.50
-------

Transaction ID : SB17.4965

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1058.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 27

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. PIRYX, INC.**Mailing Address 144 2ND STREET  
1ST FLOORCity State Zip Code  
SAN FRANCISCO CA 94105Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		15		2013

Amount of Each Disbursement this Period

28.75
-------

Transaction ID : SB17.4966

**B. PIRYX, INC.**Mailing Address 144 2ND STREET  
1ST FLOORCity State Zip Code  
SAN FRANCISCO CA 94105Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		16		2013

Amount of Each Disbursement this Period

28.75
-------

Transaction ID : SB17.4967

**C. PIRYX, INC.**Mailing Address 144 2ND STREET  
1ST FLOORCity State Zip Code  
SAN FRANCISCO CA 94105Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		17		2013

Amount of Each Disbursement this Period

178.25
--------

Transaction ID : SB17.4968

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

235.75

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 27

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. PIRYX, INC.**Mailing Address 144 2ND STREET  
1ST FLOORCity State Zip Code  
SAN FRANCISCO CA 94105Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		21		2013

Amount of Each Disbursement this Period

57.50
-------

Transaction ID : SB17.4970

**B. PIRYX, INC.**Mailing Address 144 2ND STREET  
1ST FLOORCity State Zip Code  
SAN FRANCISCO CA 94105Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		22		2013

Amount of Each Disbursement this Period

5.75
------

Transaction ID : SB17.4971

**C. PIRYX, INC.**Mailing Address 144 2ND STREET  
1ST FLOORCity State Zip Code  
SAN FRANCISCO CA 94105Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		23		2013

Amount of Each Disbursement this Period

57.50
-------

Transaction ID : SB17.4972

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

120.75

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. PIRYX, INC.**Mailing Address 144 2ND STREET  
1ST FLOORCity State Zip Code  
SAN FRANCISCO CA 94105Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		24		2013

Amount of Each Disbursement this Period

10.35
-------

Transaction ID : SB17.4973

**B. PIRYX, INC.**Mailing Address 144 2ND STREET  
1ST FLOORCity State Zip Code  
SAN FRANCISCO CA 94105Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		29		2013

Amount of Each Disbursement this Period

28.75
-------

Transaction ID : SB17.4974

**C. PIRYX, INC.**Mailing Address 144 2ND STREET  
1ST FLOORCity State Zip Code  
SAN FRANCISCO CA 94105Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		31		2013

Amount of Each Disbursement this Period

57.50
-------

Transaction ID : SB17.4975

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

96.60

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 27

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. PIRYX, INC.**Mailing Address 144 2ND STREET  
1ST FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		13		2013

Amount of Each Disbursement this Period

11.50
-------

Transaction ID : SB17.4976

**B. PIRYX, INC.**Mailing Address 144 2ND STREET  
1ST FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		19		2013

Amount of Each Disbursement this Period

299.00
--------

Transaction ID : SB17.4977

**C. PIRYX, INC.**Mailing Address 144 2ND STREET  
1ST FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		20		2013

Amount of Each Disbursement this Period

150.94
--------

Transaction ID : SB17.4978

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

461.44

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. PIRYX, INC.**Mailing Address 144 2ND STREET  
1ST FLOORCity State Zip Code  
SAN FRANCISCO CA 94105Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		26		2013

Amount of Each Disbursement this Period

5.75
------

Transaction ID : SB17.4979

**B. PIRYX, INC.**Mailing Address 144 2ND STREET  
1ST FLOORCity State Zip Code  
SAN FRANCISCO CA 94105Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		27		2013

Amount of Each Disbursement this Period

11.50
-------

Transaction ID : SB17.4980

**C. PIRYX, INC.**Mailing Address 144 2ND STREET  
1ST FLOORCity State Zip Code  
SAN FRANCISCO CA 94105Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		03		2013

Amount of Each Disbursement this Period

14.38
-------

Transaction ID : SB17.4981

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

31.63



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. PIRYX, INC.**Mailing Address 144 2ND STREET  
1ST FLOORCity State Zip Code  
SAN FRANCISCO CA 94105Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		06		2013

Amount of Each Disbursement this Period

29.00
-------

Transaction ID : SB17.4982

**B. PIRYX, INC.**Mailing Address 144 2ND STREET  
1ST FLOORCity State Zip Code  
SAN FRANCISCO CA 94105Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		17		2013

Amount of Each Disbursement this Period

57.50
-------

Transaction ID : SB17.4984

**C. PIRYX, INC.**Mailing Address 144 2ND STREET  
1ST FLOORCity State Zip Code  
SAN FRANCISCO CA 94105Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		26		2013

Amount of Each Disbursement this Period

29.00
-------

Transaction ID : SB17.4989

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

115.50

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. PIRYX, INC.**Mailing Address 144 2ND STREET  
1ST FLOORCity State Zip Code  
SAN FRANCISCO CA 94105Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2013

Amount of Each Disbursement this Period

14.38
-------

Transaction ID : SB17.4990

**B. PLUVIOUS GROUP**

Mailing Address 515 S. FIGUEROA STREET, 16TH FLOOR

City State Zip Code  
LOS ANGELES CA 90071Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		08		2013

Amount of Each Disbursement this Period

15342.66
----------

Transaction ID : SB17.4961

**C. RED CURVE SOLUTIONS**

Mailing Address 138 CONANT STREET

City State Zip Code  
BEVERLY MA 01915Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		08		2013

Amount of Each Disbursement this Period

2400.00
---------

Transaction ID : SB17.4991

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

17757.04

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. RED CURVE SOLUTIONS**

Mailing Address 138 CONANT STREET

City	State	Zip Code
BEVERLY	MA	01915

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		19		2013

Amount of Each Disbursement this Period

2400.00
---------

Transaction ID : SB17.4986

**B. VISTEVA**

Mailing Address 9877 CHAPMAN AVE. #D192

City	State	Zip Code
GARDEN GROVE	CA	92841

Purpose of Disbursement  
NETWORK SERVICE & SUPPORT

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		19		2013

Amount of Each Disbursement this Period

45.00
-------

Transaction ID : SB17.4988

**C.**

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2445.00

22522.96